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Total # of Pages 35 (Including this page)

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From : Stephen Todd

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Date : June 2, 2005

Client/Matter No : 342837-1050

MESSAGE:

Re: Appeal No.: 2005-0907
U.S. Patent Application No.: 09/126,096
Filing Date: 7/3/1998
Title: COMPOUNDS WHICH INHIBIT LEUKOCYTE
ADHESION MEDIATED BY VLA-4
Inventor(s): Eugene D. THORSETT et al.
Our Ref.: 342837-1050

Amendment Transmittal (2 pgs.)

Amendment and Reply (27 pgs.)

Terminal Disclaimer (3 pgs.) plus Notice of Recordation (2 pgs.)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Eugene D. THORSETT et al.
Title: COMPOUNDS WHICH
INHIBIT LEUKOCYTE
ADHESION MEDIATED BY
VLA-4
Appeal No.: 2005-0907
Appl. No.: 09/126,096
Filing Date: 7/3/1998
Examiner: D. Rao
Art Unit: 1624

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the Board of Patent Appeals and Interferences, United States Patent and Trademark Office, Alexandria, Virginia on the date below. _____ Esther Lily C. Esquerre (Printed Name) _____ (Signature) _____ June 2, 2005 (Date of Deposit)
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AMENDMENT TRANSMITTAL

Board of Patent Appeals and Interferences
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- ☐ Assertion of Small Entity status is enclosed.
- ☒ Terminal Disclaimer is enclosed.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	22	-	29	=	0	x	\$50.00	=	\$0.00
Independent Claims:	4	-	4	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims: + \$360.00									= \$0.00
CLAIMS FEE TOTAL									= \$0.00

[X]	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$130.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$130.00
[]	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$130.00

[X] Please charge Deposit Account No. 50-0872 in the amount of \$130.00. A duplicate copy of this transmittal is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: June 2, 2005

By



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